

October 2016

Dear Parent/Carer

As part of your child's AS Geography course, they are required to complete a range of fieldwork to give them experience of investigating geographical issues and collecting primary data. This will then be analysed and evaluated in lessons and will be assessed on their AS exam in June.

The first fieldtrip is planned for Friday 21 October 2016. We will be visiting Matlock and carrying out a range of fieldwork activities. We will be outside for most of the day and students should come appropriately dressed with warm, waterproof clothing.

We will leave school at 8.50am and will return no later than 5.00pm. Students should bring a packed lunch or money to purchase lunch in Matlock. **Please be aware that we have students who may be participating in this trip who have a serious nut allergy. Please avoid giving your son/daughter bagged nuts or products with a nut content, as even the smell can cause these students anxiety.** If your child is entitled to free school meals and requires a packed lunch on the day, please tick the relevant box on the attached form.

The cost of the trip is £5.00 per student. **Our preferred method of payment is via ParentPay.** If you choose this option you do not need to complete a consent form. If you wish to pay by cheque please complete, sign and return the relevant attached Parental Consent Form and send it, together with your payment, to Student Reception by Thursday 20 October 2016, placing it in a **sealed** envelope with your child's name, tutor group and the name of the trip on the front. Please make cheques payable to Heanor Gate Science College.

Details of future fieldwork activities will follow after half term.

If you have any queries please do not hesitate to contact me.

Yours sincerely

Charlotte Harris
CTL for Humanities
charris@heanorgate.derbyshire.sch.uk

**HEANOR GATE SCIENCE COLLEGE
TRIP CONSENT, CONTACT
AND MEDICAL FORM**



Please complete and return to Student Reception
PLEASE COMPLETE ALL SECTIONS

Student's name				RG	
Trip / Visit to	Geography field trip to Matlock				
Cost	£5.00	Cheque	<input type="checkbox"/>	ParentPay →	<i>If you pay via ParentPay you do not need to complete this form</i>
Date(s) From	Friday 21 October 2016		Teacher in charge	Charlotte Harris	
Times	8.50am – 5.00pm		My child is entitled to free school meals and I would like to request a packed lunch		

Please mark with ✓ if appropriate :

Student Contact Details

Home address			
Contact telephone numbers (for the duration of the visit / trip)			
Name		Home	
Mobile		Work	
Email			

Alternative contact	Relationship to student:		
Address			
Name		Home	
Mobile		Work	

Medical Information

Name of doctor		Tel no	
Address of surgery			

Please mark with X if appropriate :

My child does <u>not</u> suffer from any medical condition requiring regular treatment.	<input type="checkbox"/>
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My child suffers from (e.g. asthma)			
and has been prescribed the following medication	Name of medication	Dose	Frequency

NB: if your child is on a residential visit, please ensure you include information relevant to night-time needs

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an allergy to the following	Allergic to	Type of reaction

Please delete as appropriate

I would like to discuss my child's medical condition with trip leader	YES NO
My child has an up to date tetanus injection	YES NO
I am willing for my child to be given "over-the-counter medication" by staff e.g. paracetamol, throat lozenges, insect bite antihistamine, travel sickness tablets and sun cream/aftersun if necessary	YES NO

Any medication required should be given to the teacher in charge, clearly marked (in its prescription container if applicable) with name and full instructions for use.

Inhalers and "Epipens" may be kept by the student with spares given to the teacher in charge.

I give authorisation for my child to keep an inhaler with them and use it as required <i>(Please delete as applicable)</i>	YES NO
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Dietary Information

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies <i>(If Yes, please give details)</i>	YES NO

Additional Information

Please include any additional information as required

Photography/Video - Please tick the box if you DO NOT give permission for your child to be photographed and/or videoed for use in any school publicity material including parent magazine and the school website.	
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Declaration by Parent/Carer (or student if over 18)

1. I agree to my child attending this trip/visit/activity
2. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
3. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
4. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the visit/trip.

Signature		Date	
Print name			